

NGARRABUL AND OTHER ABORIGINAL TRIBES.

PART I.—MEDICAL AND SURGICAL PRACTICE.

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While engaged in professional work in New England, I made the close acquaintance of the aboriginals inhabiting that district and those passing through it in the course of their wanderings. From them I learned some details of their methods in medicine and surgery, such as were practised while the tribes still preserved their integrity. The district I speak of was occupied by many tribes, known by the names of the languages spoken by their members. Thus, the *Yukumbul* language was spoken at Inverell and Boggy Camp. *Ngarrabul* was used at Bolivia, Glen Innes, Stonehenge, Wellingrove, Emmaville, and the neighbouring localities. *En-nee-win* obtained at Oban and its vicinity. The *Bundel* or *Bundela* tongue prevailed at Yugilbar (upon the Upper Clarence) and Gordon Brook (a tributary of the same stream). In the following account, unless otherwise specified, the facts relate to the customs of the Ngarrabul Blacks.

The education of students in medicine took place at the great Bora Initiation ceremonies (*Bull-bah*), the old doctors and warriors imparting the information. Many youths from different tribes received their instruction together. The old people withdrew, and the doctors (in number from three to six) took the lads apart to teach them the mysteries of the healing art. From time to time their proficiency was tested; they were sent to observe and diagnose cases of illness—being reprimanded for their mistakes—until the required degree of competency was gained. When at length the young man (for such he had now become) was deemed

fully qualified to practise, he must needs comport himself with circumspection, else trouble awaited him. If his erstwhile instructors considered him unwarrantably zealous in prosecuting the work of his profession, they reported the matter to the tribal chief (*Doorunga* or *Ngumbaivah*), who, if he found the accusation sustained, ordered the culprit to be summarily put to death. Such drastic measures were deemed necessary, for the doctor would, when opportunity favoured, subject a patient, against whom he harboured resentment, to a course of treatment unnecessarily rigorous. In the Yukumbul tribe, to guard against the possibility of such secret enmity being visited upon the sick man (*Dthikkae**) by any doctor (*Noomvae-bah*), he (the patient) might insist upon several medical men being called in consultation upon his case. In Bundel the dusky physician was known as *Ngull-loo-brigal*—a layman or ordinary tribesman being *Biggal*.

Before the advent of the white settler, the natives informed me, there was but little sickness or disease of any kind. Tumours or neoplasms were rare or unknown. The work of the doctors was mainly surgical, and consisted of the treatment of wounds—the result of accident or sustained in warfare. Sorcery and witchcraft occupied a prominent place in their dealings with the sick. As narrated to me by the natives, their practices were, in the main, similar to those recorded by many other observers throughout Australia—blowing, manipulating and sucking being, as elsewhere, conspicuous features. In the presence of the doctor, the patient lay down and was subjected to a physical examination that the seat of disease might be ascertained. After feeling his head, body and limbs, the physician took some bushes and bit off a piece with leaves. Upon these he blew, and over them spread a mysterious powder which he kept in a bag. The leafy twig he then pressed well into the skin over the supposed diseased part, or, calling to his assistance one or more professional colleagues, they all pressed vigorously upon the potent charm. Thus, they

* A word of doubtful authenticity.

said, the drug rapidly pervaded the system and soon effected a cure.

Suction was one of the most universal of practices amongst the Australian Medicine Men. Dr. Clutterbuck* refers to a similar custom among the Victorian natives. I was surprised to observe the evident faith in which, even at the present time, this manner of treatment is held by the civilised aborigines. Of course, in some cases, it would be a simple method of dry-cupping and would have the same applications. Again, it is the most rational manner of treating the stings and bites of venomous animals. Otherwise it was purely "make-believe" charlatanism, or part of dexterous sleight-of-hand performances by the astute physician. In the first category we might include sucking the integument over the affected parts in various pains or headaches, "colds" (nasal catarrh), &c. (Yukumbul). An old Yugilbar native, whose grandchild had an attack of acute bronchitis with cough and dyspnoea, sucked the infant's mouth and nose, after the fashion of the doctors of his tribe, as an emergency measure before seeking my professional advice. If a person felt sore (*boo-boo*) anywhere, the doctor inserted a cigar-shaped needle into the tender place. This manœuvre, I was assured, was almost painless. Through the needle the wily sorcerer affected to extract by sucking the *materies morbi* (in the shape of a pebble or similar object previously adroitly concealed in his mouth). This he spat out, to the great satisfaction of the sufferer. In the Yukumbul tribe, similarly, splinters or barbs of spears were supposed to be removed by sucking. An Inverell native assured me that if a spear-head penetrated the flesh and broke off, native doctors (but not European surgeons) could, by these means, extract the buried fragment. Of course a piece of spear-head was, beforehand, deftly hidden about the performer's person to be produced at an opportune moment.

Their *materia medica* comprised herbs, plentiful in the Clarence River scrubs, but scarce in the Glen Innes neighbourhood.

* 'Port Phillip in 1849,' p. 54.

Marvellous properties in the curing of disease were ascribed to them. They were more potent for good, the Blacks informed me, than any of the remedies at my command. Dr. Clutterbuck spoke with disdain of the innocent herbs swallowed in decoction by the indigenous tribes of Victoria. It is, however, highly probable that a systematic investigation of their drugs would in some instances reveal properties of which advantage might well be taken in the practice of medicine. I need refer as an example only to the Corkwood tree of Eastern Australia (*Duboisia myoporooides*, R.Br.) which was employed by the natives for its toxic properties* and which yields Duboisine, a drug whose use in medical practice has now become world-wide. The Bundela women prepared a medicine from a small plant about nine inches in height confined to the warm climate of the coastal regions. A fire having been made, stones were placed upon it until they became very hot. Over these stones was stood a kooliman or wooden bowl (*Noomie*) filled with water. The plant was put in the water, which was then boiled and poured into a strong wooden medicine bucket (*Goolong-gooloo*). The steam was confined for a while with tea-tree bark. The drug thus prepared was of sour taste and great potency, being given with caution and only in very small doses. The Yukumbul natives used herbs found growing upon the plains for internal disorders caused by drinking contaminated water. Unfortunately I was unable to procure specimens of any of these plants.

Two species of the genus *Excecaria* are found in Australia and are remarkable for the possession of a milky sap with intensely virulent and acrid properties and capable of inflicting, by contact, the direst mischief upon the organs of vision. These are the Gutta Percha tree of Queensland and Northern Australia (*E. parvifolia*, Muell. Arg.) and the Milky Mangrove (*E. agallocha*, Linn.) ranging from Northern Australia to the north coastal area of New South Wales. The former species was studied by Dr.

* F. M. Bailey, Proc. Linn. Soc. N.S.W., Vol. v., 1880, pp. 1 *et seq.* (quoting Rev. W. Woolls).

T. L. Bancroft, and Mr. Edward Palmer* speaks of its bark being used by the Gulf of Carpentaria natives, broken up in water, as a lotion for the relief of pain. The juice of the Milky Mangrove, according to Mr. J. H. Maiden,† was used by the aborigines of Eastern Australia, New Guinea and India to cure chronic ulcers. In Fiji the patient was fumigated with the smoke of the burning wood. In the Clarence River scrubs grows a tree perhaps identical with this Milky Mangrove and whose bark and sap were used by the blacks in the treatment of burns. When cutting the bark it was necessary to avert the face, else the juice spurting into the eyes might destroy the sight. This juice was collected in a medicine bucket. In treating burns, snake's fat was first smeared upon the injured surface and over this a piece of the bark, while, at a distance, the acrid sap itself was applied, doubtless as a counter irritant. In severe pain arising from any cause, the juice was spread over the painful area, or the bark, rolled up into little fragments, was ignited and the glowing ember applied. This was reserved for sufferers otherwise strong, two dusky comrades holding the patient during this administration of the cautery.

Another tree, however, of the Queensland and New South Wales coastal scrubs is the rough-leaved Fig tree (*Ficus aspera*, R.Br.), which likewise yields an acrid, milky juice, employed by the Cleveland Bay natives to expedite the healing of certain wounds (James Morrill).

The tannin-containing kino of the Apple-tree (*Angophora* sp.) was included in the Ngarrabul pharmacopœia. Mr. J. F. Mann‡ also speaks of the use of the astringent sap of the Apple tree in aboriginal therapeutics. In times of drought the Yukumbul Blacks procured water from Apple trees to obviate their drinking impure natural water; as in other parts of Australia, under the stress of thirst, the natives derive water from the roots of the

* Proc. Roy. Soc. N.S.W., Vol. xvii., 1883, p. 107.

† Indigenous Vegetable Drugs (Dept. of Agriculture Publications) Pt. ii., p. 19.

‡ Proc. Geogr. Soc. Aust., 1st Session, 1883-4, Vol. i., p. 49.

Red Mallee (*Eucalyptus oleosa*, F.v.M.) and the Coolabah or Dwarf Box (*E. microtheca*, F.v.M.).

The Red Gum, *Yarrah* (probably *Eucalyptus rostrata*, Schlecht.), also found a place in the Ngarrabul materia medica. *E. rostrata*, of course, yields the Eucalyptus gum of the British Pharmacopœia. According to various writers,* the medicinal use of the exudations of species of Eucalypts was of wide extent among the Australian aborigines.

The White or Manna Gum, *Horra* (*E. viminalis*, Labill.) forms one of the most conspicuous features of the Glen Innes forests. Glencoe and Marowan, from the prevalence of this species, were designated in Ngarrabul *Horra-will*. In some seasons the trunks are prettily tinted with patches of pink or red. Golden beetles (*Anoplognathus*), Psyllid insects, &c., feed largely upon the leaves. The common opossum (*Trichosurus vulpecula*, Kerr) subsists to a great extent upon the young foliage and bark of the smaller shoots and twigs. The yield of oil from the leaves is about $\frac{1}{3}\%$, consisting mainly of pinene, with comparatively little eucalyptol. The active principle (or principles) of Eucalyptus oils, however, for therapeutic purposes—whether eucalyptol (cineol), peppermint ketone, or other body—has yet to be determined. In this connection the admirable researches of Messrs. R. T. Baker and H. G. Smith have opened up an enormous field for the pharmacologist. The leaves of *E. viminalis* were used by the Ngarrabul Blacks topically for ophthalmia—*Narrada mil* (i.e., “bad eye”), and by internal administration for diarrhœa. It may have been merely a coincidence that a captive opossum of mine, when deprived of these leaves, suffered from diarrhœa with green bilious stools, but was restored to health when they were again added to his diet. Several authors have observed the therapeutic exhibition of Eucalyptus leaves

* Dr. W. E. Roth, ‘Ethnological Studies among the North-West Central Queensland Aborigines’; James Dawson, ‘Australian Aborigines,’ p. 57; J. F. Mann, *loc. cit.*, &c.

by the aborigines in different regions of Australia.* The tannin-containing bark of the White Gum was employed, moistened, by the Ngarrabul Blacks as an outward application in ophthalmia, just as in other parts of the continent the bark of divers species of Eucalypts was used for various other purposes.

To pass on to the Animal Kingdom. The fat of the Carpet Snake (*Python spilotes* var. *variegata*, Gray) was in great demand as an emollient application for burns, or an embrocation for rheumatism, just as, for rheumatic pains, the pristine dwellers of Tasmania employed the fat of the Mutton Bird (*Puffinus brevicaudus*, Gould†), or the Australian settlers use Emu or Iguana oil. Some of my Yukumbul informants averred that rheumatism was uncommon before the advent of the white colonists, and the consequent change in the aboriginal mode of life. An old Oban native, when I wished him to conduct me to the ground of his Bora (*Orban-bah*), proffered his rheumatic joints as an excuse for declining.

The surgical practice was simple. Slight wounds amongst the Yukumbul people were left untreated—healing readily. In the Ngarrabul tribe an eagle-hawk's feather was placed upon a large cut or wound to close it; over this some soft tea-tree bark, the whole being bound up with a piece of kangaroo-skin to keep it warm and comfortable. On some of the natives irregular cicatrices, chiefly about the forehead, gave evidence of the blows of clubs (*Murrumbun* or *Dappirr*), wielded by co-tribesmen in altercations, or hostile blacks in intertribal feuds. One Oban aboriginal of great age, in addition to such scars, had a periosteal node upon his frontal bone, and great depressions in his cranial vault. These, he said, were the marks of quarrels with his fellows; but whether they were depressed “pond” fractures or examples of the absorption of the parietal bones which sometimes supervenes in advanced age, I cannot say.

* Edw. Palmer, Coleman, &c. In the National Dispensatory, 5th ed., p. 627, it is stated that the virtues of Eucalyptus leaves were well known to the aboriginal inhabitants of Australia.

† Bonwick, ‘The Daily Life of the Tasmanians,’ p. 89.

Fractures were not uncommon, the result of accident or encountered in war, from the blow of the large and powerful war boomerang (*Burr-gun*)—the kind which did not return to the thrower. In the Yukumbul tribe the bark of a special tree, *Bugaibil*, was used in setting fractures. Thus, for the forearm, two sheets of bark were used, placed along the anterior and posterior sides of the injured member; these were secured by tying. The dusky surgeons said that the juice of the bark penetrated to the seat of fracture and effected its healing. In the Bundela race, when a limb was fractured, the old people gathered round and bound it up with tea-tree bark to keep it warm and comfortable. Around this was fastened string made from a scrub-tree like the Black Kurrajong, *Yappar*, of the Inland Plains (*Sterculia diversifolia*, G. Don). Thus it was secured until union had taken place. The bark of the Australian tea-trees or paper-bark trees (*Melaleuca*, *Callistemon*, and *Leptospermum*) lends itself admirably to extemporaneous use in setting broken bones—placed outside in. The inner layers are sufficiently firm to secure immobility of the fragments, while the soft exfoliating outer layers form an excellent padding, as recommended by Dr. Woodward in his *Railway Ambulance Handbook*.*

The bite of the centipede and spider, and sting of the scorpion, were treated by vigorous sucking until the blood was withdrawn, and with it the poison. The nip of the powerful soldier-ant was not deemed important enough to require interference, whereas the sting of the English bee (*Boo*) was considered highly dangerous and often fatal. The imported bee was very “saucy,” and should be robbed of its honey only by night (Bundela).

Snakes of the most venomous kinds are common throughout the whole district, but the natives rarely die from the effects of their bites. A Yukumbul female told me that they were seldom bitten, and that she had never heard of a fatality arising from such a cause. It is said, however, that an aboriginal at Oban succumbed to the venom of a tiger snake, *Erkullah*

* Third Edition, p. 100.

(*Notechis scutatus*, Peters). The Ngarrabul natives used to cut the skin at the site of the wound until it bled freely. Then all the doctors sucked it. No ligature was applied. The Yukumbul Blacks, however, in addition to sucking, applied above the wound a ligature of the skin of *Koobi*, the opossum. The late Dr. George Bennett, in his 'Gatherings of a Naturalist' (p. 275), gives an account of the measures adopted by the Clarence River natives in combating the effects of snake venom—scarification, free bleeding, and keeping the patient running about until the effects of the poison had passed away. The Ngarrabul Blacks say that *Bri-prri*, the Soldier Bird (*Myzantha garrula*, Lath.), finds snakes, proclaiming their presence by an outburst of noisy clamour.

In the olden days poisoned spears were in use. The men covered them with the melted resin of the Grass Tree, *Burr-burr* (*Xanthorrhœa* sp.). They were then passed on to the women, who alone knew how to impregnate them with the powerful poison. A wound with such a spear was generally mortal unless treated by a woman. Men were powerless to cope with such cases. A Yukumbul female informed me that in her tribe spears were poisoned with a substance obtained from the mountains. It is related of the Narrinyeri tribes of South Australia that they were wont to poison a kind of dagger by leaving it in a putrid human corpse for some weeks, and then wrap up the point of the dagger in some hair or feathers soaked in the fat of a decaying corpse. This was termed Neilyeri or the poison revenge.* Poison in any other form was quite unknown to the Narrinyeri.† An old Ngarrabul tribesman, on the contrary, was in great dread of poison, *Mittie*. He said the Inverell blacks (who obtained it originally from Queensland) keep it in a small vessel. It is like a scent, and is in use to the present day. If the possessor be at enmity against anyone, his victim's fate is sealed. In his

*Rev. Geo. Taplin in the 'Native Tribes of South Australia,' p. 29, *et seq.* Mr. C. Hedley (Proc. Roy. Soc. Qsld., v.) speaks of the Port Curtis Blacks employing the milky juice of *Excoecaria agallocha* to poison their spears.

†Taplin, *loc. cit.*, p. 47.

absence from camp some of the poison is sprinkled on his rug. When he returns to sleep, it is his last eternal slumber. He dies "all puffed out." My informant could tell me nothing more about this lethal drug. Even the police, he said, are mystified. Current rumour certainly in this district ascribes the death of aboriginals to some mysterious poison employed by hostile natives. It is said that in earlier days also the natives were in great terror of being thus put to death by revengeful Blacks.

As regards ritual or ceremonial and "ornamental" surgery, I saw no natives with the septum nasi pierced. The Ngarrabul Blacks told me that neither circumcision nor knocking out the incisor teeth was practised in their tribe, nor was that remarkable rite, urethrotomy or mutilation of the penis, described amongst other Australian people. Scarification of the body (erroneously termed "tattooing"), however, was performed after attaining adult years. It was entirely optional, and members of either sex could be so adorned if they felt disposed—an advantage that some at least did not avail themselves of. The form and distribution of the lines, etc., made by this operation differed materially in different tribes, and travellers say that many tribes could be thus easily distinguished by the bodily markings of their members.* I saw an old Oban native with extensive cicatrices upon the skin of his chest (back and front), but not upon his abdomen. One vertical scar lay over the upper sternum. On either side of the chest in front, below the level of this one, were four scars; those on the left being almost horizontal, while those on the right were shorter and directed obliquely downwards and inwards, thus:—



The scars were all pale and atrophic, and neither upon these nor on those resulting from injuries was there any elevation of false keloid. In fact we are told that wounds require to be subjected to special measures to ensure the formation of such cicatrical over-

* Bulmer in Brough Smythe's 'Aborigines of Victoria,' Vol. i., p. 295. J. M. Davis, *ibid.* Vol. ii., p. 313.

growth—described *inter alios* by Drs. Milne Robertson* and W. Wyatt.†

Obstetrics in Ngarrabul were quite simple. The female relatives, sister, mother or grandmother, looked after the patient and her baby. The men knew but little about such matters, and held aloof.

Such, then, was the practice of medicine and surgery among these primitive people. Drunkenness, with its attendant evils, exposure to wet and the cold of night, tubercle, hydatids, venereal disease, the diminished bodily vigour resulting from occupying and sleeping in damp, dark and ill-ventilated hovels, incident upon their civilisation, have all combined to destroy the tribes, and soon the few remnants will be gathered to their fathers and we shall know them no more.

* Report on certain Customs of the Aborigines of Western Australia, p. 6.

† Adelaide and Encounter Bay Tribes in 'Native Tribes of South Australia,' p. 163.